

panying glandular hyperplasia. Pregnancy, cancer, and tuberculosis were positively excluded. There was also no evidence of an inflammatory process. No cause for the peculiar epithelial proliferation could be discovered; in fact, the writer regards these cases as unique.

Leucocytosis in Pelvic Suppuration.—DÜTZMANN (*Centralblatt für Gynäkologie*, 1903, No. 47) reports 165 cases in which he was enabled to establish the presence of pus in the pelvis before operation. Pus was never found when the blood count was normal. The writer was even able to infer the cause of the suppuration from the number of leucocytes, a count of 20,000 to 30,000 pointing to streptococcus infection, while one of from 11,000 to 13,000 was commonly associated with the presence of gonococci or colon bacilli. In peritonitis and septic infection an increase in the leucocytes is a favorable sign, even in the presence of persistent elevation of temperature. If, on the contrary, there is no increase while the temperature is high, a fatal termination may be expected; this is probably due to deficient phagocytosis.

Alcohol as a Disinfectant.—SCHAEFFER (*Centralblatt für Gynäkologie*, 1903, No. 47) believes that it is impossible to render the hands sterile by any method of disinfection. After repeated experiments, he finds that by scrubbing for five or ten minutes with green soap and for five minutes with absolute alcohol the best results are obtained. It is, however, necessary to change the alcohol after each washing. Moreover, the germ-destroying action of the alcohol is lost in a few minutes if the hands are immersed in watery fluids, blood, or serum.

The principal value of alcohol, in the writer's opinion, is its power of removing fat and epithelium—that is, its mechanical purifying action.

Vaginal Hysterectomy.—NIGRISOLI (*Centralblatt für Gynäkologie*, 1903, No. 46) reports 462 vaginal hysterectomies with 11 deaths (2.38 per cent.). Of these, 55 operations were performed for cancer, with 4 deaths; 14 abdominal hysterectomies were done for cancer with 2 deaths. The writer now prefers the abdominal route in all cases, except when the uterus is prolapsed and the disease is absolutely limited to the organ. Seven patients, operated upon before 1898 and 5 since then, were still without recurrence.

There were 56 vaginal hysterectomies for fibromyoma, with 1 death, and 98 abdominal, with 8 deaths; 41 cases of ectopic gestation (25 operated upon per vaginam) were all successful; 274 radical vaginal operations for diseased adnexa were followed by a mortality of 5, and 300 abdominal resulted in 18 deaths. Only 1 fatal case is noted in 168 vaginal sections for the evacuation of pus; in 75 abdominal sections for the same condition there were 10 deaths. In 34 conservative vaginal sections there was no mortality.

The writer used the angiotribe in 50 cases, but always employed ligatures in addition.

Vaginal Ovariectomy.—HEINSIUS (*Centralblatt für Gynäkologie*, 1903, No. 46) reports 700 cases of colpotomy in the Greifswald clinic during the last three and one-half years. Of these, in 110 oöphorectomy was performed,

the anterior incision being preferred, as it is believed that the parts are rendered more accessible. Five deaths resulted, 3 due to the escape of pus, and 2 to improper catgut. Martin's mortality in 262 vaginal celiotomies was only 3 per cent.

The writer believes that this is the ideal method of removing small tumors which are not adherent above the true pelvis. Cystic tumors as large as a man's head can be removed in this way, but it is not advisable to attempt the removal of solid growths larger than the fist.

Ovarian Parotitis.—TROITZKY (*Bonsk. Wratch; La Gynécologie*, 1902, No. 5) reports a peculiar epidemic of mumps in a boarding-school, in which one-third of the patients complained of pain in the ovaries as well as in the parotids. When only one parotid was affected the ovary in the corresponding side was tender; both ovaries were attacked simultaneously with both parotids. The ovarian pain and tenderness developed after the parotid swelling and diminished progressively with the latter. In girls who menstruated no menstrual or mammary disturbance was noted. The writer infers that although oöphoritis is a rare complication of mumps as compared with orchitis, it is doubtless more common than is usually supposed, being overlooked on account of the situation of the ovary and the difficulty of examining it.

The exact nature of the anatomical changes is not positively known, but it may be inferred that there is either a perioöphoritis or a parenchymatous inflammation analogous to that observed in other infectious febrile diseases. It usually occurs in girls above ten years of age. The possibility of this complication of mumps should always be borne in mind, and if ovarian symptoms appear suitable treatment should be instituted.

Radical Operation for Cancer of the Uterus.—KLEINHANS (*Centralblatt für Gynäkologie*, 1903, No. 43) reports thirty-two cases of radical abdominal hysterectomy, with three deaths. He cures and cauterizes freely and clamps off the vagina before opening the abdomen. In cases of cancer of the cervical canal he prefers amputation. All glands which can be felt are removed, since, according to different observers, from 27 to 57 per cent. are cancerous. The writer believes, with Rosthow, that the glands are early involved. It is often very difficult to determine before operation whether indurations of the broad ligaments are inflammatory or malignant. Sometimes an exploratory laparotomy is necessary in order to determine this point.

Cancer of the Uterus.—POZZI (*La Gynécologie*, 1902, No. 5) concludes his paper read before the International Medical Congress with the following deductions: 1. The surgical treatment of uterine cancer rarely insures relief extending beyond two years. 2. Hysterectomy is not justifiable if the uterus is fixed by indurations in the surrounding tissues. 3. The importance of infection of the lymph nodes has been exaggerated, since recurrence usually takes place in the cicatrix; hence extirpation of the glands, even when it is supposed to be complete, seems to have little influence on the return of the disease. 4. Abdominal hysterectomy is a more